

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035868

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Entity Name:** CARLA KATHRYN COPE, INC.

**Current Principal Place of Business:**

373 LANTANA AVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

P. O. BOX 3891  
SARASOTA, FL 34230

**Current Mailing Address:**

373 LANTANA AVE  
SARASOTA, FL 34243

**New Mailing Address:**

P. O. BOX 3891  
SARASOTA, FL 34230

**FEI Number:** 26-2352600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLVERTON, CARLA K COPE  
373 LANTANA AVE  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

COPE, CARLA K COPE  
P. O. BOX 3891  
SARASOTA, FL 34230 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** CARLA KATHRYN COPE

02/27/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COPE, CARLA K COPE  
**Address:** P. O. BOX 3891  
**City-St-Zip:** SARASOTA, FL 34230

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** CARLA KATHRYN COPE

PRES

02/27/2010

Electronic Signature of Signing Officer or Director

Date